STATE OF SOUTH DAKOTA OFFICE OF PROCUREMENT MANAGEMENT 523 EAST CAPITOL AVENUE PIERRE, SOUTH DAKOTA 57501-3182

Residential Alternative Care Programs

PROPOSALS WILL BE ACCEPTED UNTIL ALL FUNDS APPROPRIATED BY THE DEPARTMENT OF SOCIAL SERVICES IN SENATE BILL 196 HAVE BEEN ALLOCATED FOR THE PURPOSES OF THIS RFP.

22RFP8240 BUYER: Division of Behavioral Health POC: Kirsten Smart

Kirsten.Smart@state.sd.us

Written Responses to Offeror Questions

#	Vendor Question	Answer
1	We have only been open for two years and as such have not undergone an audit yet. While we do receive VOCA and other federal funding, we have not hit the threshold needed to trigger a mandatory audit and have not undergone a voluntary audit due to the resource constraints of being a startup. So, does not having audited financial statements rule us out of contention?	4.3 No. The Offeror <u>may</u> be required to submit a copy of their most recent independently audited financial statements.
2	We have never worked with a flat-rate per client before. How is this handled on a reimbursement versus advance basis?	7.2 The Division of Behavioral Health is soliciting feedback for reimbursement. Therefore, the Offeror's proposal must include a proposal for reimbursement of services and costs associated with services provided. Examples proposals may include fee-for-service payment, or a combination payment method that includes a flat rate to support operational costs and a fee-for-service payment. The Division of Behavioral Health will review selected proposals and work with selected entities to develop a payment structure.
3	I noticed in the grant-reporting document that there is a "reserve fund" limit of 90 days of operating cash. Being a start-up, we have some grantors that give us lump sums at the beginning of the year which push us over this threshold even though the dollars are for expenses throughout the full year. Could I please get some more clarity around how this is handled and if this would prevent us from being awarded?	The Reserve Fund Policy has been eliminated. To view the August 2022 Cost Report Instructions, visit: https://dss.sd.gov/docs/medicaid/providers/costreporting/Cost_Report_Instruction.pdf.
4	How much money remains for this opportunity and is there a cap that any individual RFP needs to remain under?	To date, \$86,912 has been obligated, and there is not a cap established. Proposals are accepted on an ongoing basis until funds available are obligated and expended. Proposals should include the budget needed to complete as well as sustain the activities and deliverables in the scope of work. 3.2.1 The timeline should indicate if start-up costs are needed and how ongoing costs will be sustained beyond the grant funds.

5	Would client data be required to be entered into any State database? If so, is it anonymized or identifying data?	Client data is not required to be entered into a state database at this time. However, data regarding the clients served is required to be submitted, including the number of unique clients served, number of total clients served monthly, and certain outcomes related data. Data related to outcomes is typically obtained at intake and at discharge from programming. The Division of Behavioral Health will provide direction on how this information will be collected from contracted vendors.
6	Regarding number 11 in the sample contract, it mentions information contained in any reports we would submit to the State would not be allowed to be used in any other way. Since we would be originating the data, this was a little confusing. Could you please clarify what the intent is here?	The intent of number 11 is that if the vendor creates something for DSS (tangible or intangible) it is DSS' product, and the vendor will not be able to sell or make money from it. This would not be applicable if the vendor was just reporting services related to program results or costs.
7	Is this funding that was allocated by the legislature a reallocation of federal dollars or an appropriation of State dollars?	It is an appropriation of state general funds.
8	Is this programming intended to be like a halfway house/sober living option or can it be outpatient group/programming?	This program could look like a sober living environment or it could look like programming that is outside of the scope of traditional treatment programming. The purpose of this funding is that it is used for a program providing services that is alternative to traditional treatment.
		3.1 SERVICES: The proposal must detail the Offeror's plan to support alcohol and drug abuse recovery programs and services for women delivered through alternative care programs. The proposed programs will be separate and distinct from treatment programs, but will provide alternative care services and resources to women.